

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEES DETERMINATION | S S | | 11/13/01 |
| O.I.P.E. CLASSIFIER | | 59 | 11/23/01 |
| FORMALITY REVIEW | H-T. | 1117 | 11/27/01 |
| RESPONSE FORMALITY REVIEW | | | |

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral) Canceled
 ↗ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected.

| Claim | Date |
|-------|------|
| 1 | |
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| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | ✓ |
| 12 | 0 |
| 13 | |
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| 21 | |
| 22 | |
| 23 | 0 |
| 24 | ✓ |
| 25 | |
| 26 | ✓ |
| 27 | 0 |
| 28 | ✓ |
| 29 | ✓ |
| 30 | 0 |
| 31 | |
| 32 | |
| 33 | 0 |
| 34 | ✓ |
| 35 | |
| 36 | |
| 37 | |
| 38 | |
| 39 | ✓ |
| 40 | 0 |
| 41 | |
| 42 | |
| 43 | |
| 44 | 0 |
| 45 | ✓ |
| 46 | 0 |
| 47 | ✓ |
| 48 | |
| 49 | |
| 50 | ✓ |

| Claim | Date |
|-------|------|
| 51 | |
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| 55 | ✓ |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here